

LEWIS BRISBOIS BISGAARD & SMITH-LLP

ATTORNEYS AT LAW

221 NORTH FIGUEROA STREET, SUITE 1200, LOS ANGELES, CA 90012
 PHONE: 213.250.1800 | FAX: 213.250.7900 | WEBSITE: www.lbbbslaw.com

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SANFORD ASTOR
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 E-MAIL: astor@lbbbslaw.com

March 6, 2007

FILE NO.
 24652-61

To: Post Issue Fee - Notice of Allowance USPTO Patent Office General Line	Phone Number	Fax Number 571-273-8300
From: Sanford Astor, Esq. (customer no. 33417)		
Page(s): 3		
File No(s): 24652-61 Natures.024A		
Re: U.S. Utility Patent Application No. 10/606,265 Filed: June 25, 2003 Inventor: Peter T. McCarthy		

Message: Please charge the deposit account for the \$500 underpayment for this application.

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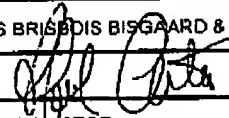
Total Number of Pages in This Submission 2

Application Number 10/606,265
Filing Date JUNE 25, 2003
First Named Inventor PETER T. MCCARTHY
Art Unit 3643
Examiner Name SWATEK, ROBERT P
Attorney Docket Number 24852-61 (NATURES.024A)

ENCLOSURES (Check all that apply)

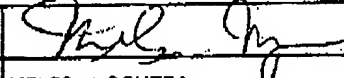
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LEWIS BRISBOIS BISGAARD & SMITH LLP		
Signature			
Printed name	SANFORD ASTOR		
Date	MARCH 6, 2007	Reg. No.	20,748

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	MELESA NOGUERA	Date	MARCH 6, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2007☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 500.00

Complete if Known

Application Number	10/606,265
Filing Date	JUNE 25, 2003
First Named Inventor	PETER T. MCCARTHY
Examiner Name	SWAITEK, ROBERT P.
Art Unit	3643
Attorney Docket No.	24652-61(NATURES.024A)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-3725 Deposit Account Name: Lewis Brisbois Bisgaard

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims Extra Claims Fee (\$)

- 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): underpayment of PETITION TO REVIVE filed July 20, 2006

Fees Paid (\$)

\$500.00

SUBMITTED BY

Signature

Name (Print/Type) SANFORD ASTOR

Registration No.
(Attorney/Agent) 20,748

Telephone 213-250-1800

Date March 6, 2007

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